

**OSMB Review**  
**Permanent Rule without Substantial Economic Impact**

**Agency Proposing Rule Change**

North Carolina Medical Care Commission (Division of Health Service Regulation)

**Contact Persons:**

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**Impact Summary:**

State government: Yes  
Local government: Yes  
Substantial impact: No  
Federal government: No  
Small businesses: No

**Titles of Rule Changes and Statutory Citations**

**10A NCAC 13P**

**Section .0200 – EMS Systems**

Medical Ambulance/Evacuation Bus: Vehicle and Equipment Requirements 10A NCAC 13P .0217 (Adopt)

Pediatric Ground Specialty Care Ambulance: Vehicle and Equipment Requirements 10A NCAC 13P .0218 (Adopt)

Staffing for Medical Ambulance/Evacuation Bus Vehicles 10A NCAC 13P .0219 (Adopt)

Staffing for Pediatric Ground Specialty Care Ambulances 10A NCAC 13P .0220 (Adopt)

See proposed text of these rules in the Appendix.

**Authorizing Statutes:**

Gen. Stat. § 131E-157;

Gen. Stat. § 131E-158;

Gen. Stat. § 143-508(b); (d)(7); (d)(8).

**Introduction**

The EMS and Trauma Rules of the North Carolina Medical Care Commission [10A NCAC 13P] are an essential tool used jointly by the Division of Health Service Regulation (DHSR) and the Emergency Medical Services (EMS) industry for the statewide development, management, and oversight of comprehensive EMS and Trauma Systems. To ensure these Rules are kept contemporary, the DHSR routinely joins with its clients, partners and stakeholders to undertake revisions that best meet the regulatory needs of the State to define minimum standards, while still allowing the industry the flexibility for developing and implementing best practices models. It is

this partnership and the outcomes associated with having worked jointly to develop the Rules that keep North Carolina EMS in the National spotlight.

## **Background**

The Office of Emergency Medical Services (OEMS) is charged with the licensing of EMS Providers and the permitting of all patient transport ambulances and non-transport EMS vehicles utilized at the EMT-Intermediate and EMT-Paramedic levels.

Under the statutes requiring the permitting of these vehicles, there is no set minimum number of vehicles required of an EMS provider to be maintained in their fleet. The number and level of operation of the ambulances and non-transport EMS vehicles is left to the discretion of the local EMS system through their franchising authority. EMS providers are allowed to possess spare vehicles; however, these must still meet the statutory and regulatory permitting and staffing requirements.

## **Summary of Revisions and its Anticipated Fiscal Impact**

### Programmatic changes:

Two new categories of Ambulances are being proposed. **Rule .0217** involves the creation of a Medical Ambulance/Evacuation Bus. This vehicle is a multiple patient transport vehicle that is to be used at mass casualty events and for the evacuation of such entities as local nursing homes. There are no requirements that a county EMS system purchase and operate a medical ambulance/evacuation bus. These buses are funded through federal Homeland Security and private foundation grant funds and as such, were intended to be used during natural disasters and terrorist events when a state of emergency has been declared by the President or Governor. During these declared emergencies, there is no requirement for permitting, as is required for routine and daily operation of these vehicles. The OEMS was approached by the counties owning these vehicles and requested rule making to enable the permitting of these vehicles to be in compliance with Gen. Stat. § 131E-156 and thus, allowing their use during normal operations for multiple patient transport.

Rule **.0218** involves the creation of a Pediatric Specialty Care Ground Ambulance. This ambulance is being developed to allow inspection and permitting requiring only the equipment specific to the transport of neonatal and pediatric patients. Specialty Care Transport Program (SCTP) providers are not mandated to convert any of their vehicles to this new standard. However, there are a number of SCTP providers that already have ambulances solely dedicated to the transport of Neonatal and Pediatric patients. The current rules require them to be inspected and permitted to carry all age groups (neonatal through geriatric) even though no adult or geriatric patients will ever be transported in these vehicles. The OEMS was approached by these SCTP providers seeking rule making to allow this new classification of vehicle. This would enable them to continue the use of these specialized vehicles without the need to supply and equip them for a patient group that would never be transported. Additionally, the creation of this new category would enable these providers to also transport the neonatal patients discharged

from the hospital without having to meet the minimum staffing levels as required under Gen. Stat. § 131E-158.

Both the new .0217 and .0218 rules are necessary to accommodate the uniqueness of each vehicle, which under current rule is prohibited. Both the Medical Ambulance/Evacuation Bus and Pediatric Specialty Care Ground Ambulance vehicle and equipment requirements were requested by existing EMS providers. These providers also assisted agency staff in drafting the proposed language for each rule.

*Fiscal Impact - Agency:*

*Program Management: The Office of EMS (OEMS) is responsible for the inspection and permitting of all transport and non-transport emergency medical services vehicles. The Pediatric Ground Specialty Care Ambulance is already being inspected using criteria established for Specialty Care Transport Programs. The decision to have these vehicles re-inspected to conform to the new Pediatric-specific use is left to the current providers. All Specialty Care Transport Vehicles (approximately 40 in service statewide) are capable of transporting pediatric patients; however, they also use these vehicles in a “multi-use” role transporting pediatric, trauma, cardiac, stroke, burn, etc. patients that are critically ill or injured.*

*There are currently six vehicles that wish to be permitted for pediatric only patients, and they already have all necessary pediatric equipment and staffing. This new inspection level allows these vehicles to no longer abide solely under the multi-use specialty care role, and will enable pediatric patients to be transported in a properly equipped and staffed ambulance regardless of the severity of the illness or injury and by not having to meet the minimum staffing currently required of the non-specialty care patient.*

*Pediatric ambulances will need to be re-inspect only once time to ensure the proper equipment is available. These initial re-inspections on the pediatric ambulances will take a one-time six hours total to complete. This will result in a one-time cost of approximately \$300.00. There is no way to determine if any additional pediatric specific ambulances will be placed in service once these rules are codified. Obviously, with the forthcoming changes in the way healthcare services are provided and reimbursed, there is no model that can predict whether it will be cost effective to dedicate additional ambulances to deliver this service, or if the model will see an increase or decrease in the number of multi-use specialty care ambulances. There will be no additional staff time required in the re-inspection and permitting of these vehicles.*

*The Medical Ambulance/Evacuation Bus is a new vehicle type being added to the current vehicle inspection list. There are currently only four of these vehicles in the state, with one in each of the following counties: Mecklenburg, Guilford, Wake, and Brunswick. There may be other buses added to the State’s inventory; however, this is dependent upon the future availability of federal homeland security grant funds. Under the current national, state, and local economic conditions, there is no way to estimate the availability of future federal funds to purchase additional buses.*

*New vehicle inspection sheets will be required for both the Pediatric and Bus vehicles and is estimated to take approximately 60 staff hours to develop and finalize. This overall cost of development of these documents is approximately \$1,500.00. The only printing cost will be for the inspection sheet used during inspection. Since there are only four bus vehicles and the potential of six pediatric vehicles, only 10 sheets will be required every two years for an estimated total cost of \$3.00. All vehicle permitting check sheets are placed on the OEMS web site for access by the EMS providers. The cost for placing these new sheets on the web site will be approximately \$50.00.*

*The estimated time to inspect and permit each bus vehicle is one hour per vehicle for a total of four hours every two years (a vehicle permit is valid for two years). This equates to a total two year cost of approximately \$200.00.*

*All permitting inspections for both the pediatric and bus vehicles are consistent with the time it takes to inspect a traditional ambulance vehicle. As a result, future inspections related to pediatric ambulances are not expected to create any impact.*

#### *Fiscal Impact – North Carolina College of Emergency Physicians (NCCEP)*

*The NCCEP is responsible, under the authority of the North Carolina Medical Board, for the development of standardized equipment lists and treatment protocol documents. All equipment identified for use in the delivery of neonatal or pediatric care are already listed in the NCCEP equipment standards. Therefore, the current documents will require no modification; and thus, the Division does not anticipate any fiscal change associated with the adoption of these rules.*

#### *Fiscal Impact – EMS System (County Government) and Licensed EMS Provider (Private Sector)*

*By rule (10A NCAC .0301) the Licensed EMS Provider approved as a Specialty Care Transport Program (SCTP) is required to provide transport and medical oversight for these services. The addition of the Pediatric Ground Specialty Ambulance is a modification to the classification of a ground ambulance (10A NCAC 13P .0207) already in service and under medical oversight that is provided by a hospital. Because currently the Ground Specialty Care Ambulances used for the transport of pediatric patients are permitted under a broader general classification of Specialty Care, the equipment necessary for the issuance of the permit requires purchase of unnecessary equipment and supplies that would typically be used for the adult patient (i.e. oxygen masks / cannulas, blood pressure cuffs, IV catheter and needle sizes, etc.) The revised inspection check sheet and equipment standards will reduce the cost to the provider and result in a net annual savings.*

*There are currently 6 pediatric specific specialty care ambulances in the state. The estimated savings for these ambulances will be approximately \$500.00 per vehicle, for a one-time savings of \$3,000.00. This reduction in cost is because the EMS provider will not be required to purchase adult equipment, such as blood pressure cuffs, airway*

*management equipment and supplies, adult splints, etc. This change results in a positive fiscal change for the private sector providers.*

*As other providers begin to offer pediatric services, the reduction in equipment and supplies for each additional ambulance will be approximately \$500.00. It is unknown how many additional pediatric ambulances will be added in the future.*

*By rule (10A NCAC .0201) and statute (Gen. Stat. § 153A-250), the EMS System (County Government) is required to provide transport services and medical oversight for these services. The Medical Ambulance/Evacuation Bus is not currently addressed in rule; therefore, their use is limited to a declared state of disaster that exempts these vehicles from the permitting (Gen. Stat. § 133E-156) and minimum staffing (Gen. Stat. § 133E-158) requirements. Upon codification of these rules, the EMS System will be able to expand the use of the Medical Ambulance/Evacuation Bus into a daily operation.*

*By placing this vehicle in rule and subjecting it to inspection and permitting, this will enable the EMS System to bill the patients for the transport services using a single transport vehicle rather than having to transport the same number of patients in multiple ambulances. At this time, it is unknown how many transports will occur each year, so a specific dollar amount cannot be estimated. Providers do not charge per vehicle, they charge per patient transported. Since the same number of patients will be transported using the buses that would have been transported in single ambulances, there is no difference in the amount of revenue generated with these transport. One advantage is that the ambulances that would have been used for transport are now returned to service quicker, and thus, a positive impact on the delivery of pre-hospital services is possible.*

*Because the private sector EMS providers will be using the buses more frequently, there will obviously be an increase in maintenance costs; however, because these buses will substitute for the use of multiple single ambulances, there should be an equal reduction in the maintenance costs for each of these multiple patient situations.*

*Private insurance will reimburse for transport in the bus vehicle as it does in a traditional ground ambulance since this is a permitted ambulance and qualifies for reimbursement.*

*Since the proposed rules enable the EMS System Medical Director to continue to determine the equipment and staffing requirements as is currently the standard, no additional outlay costs are expected to place these vehicles into service. The same quantities of equipment and supplies, as well as number of staff should remain the same as is currently used in a mass casualty event.*

As a result of the creation of the two new categories of ambulance, the agency has created two new rules addressing the staffing requirements for each vehicle. Gen. Stat. § 131E-158 addresses the minimum staffing requirements for permitted ambulances. **Rule .0219** has been created to clarify the Medical Ambulance/Evacuation Bus under the statute's minimum staffing requirement and requires the EMS System Medical Director to ensure the levels and number of

staff needed for multiple patient transports in this vehicle, in excess of the statutory minimum, are adequate for proper patient management and care.

Gen. Stat. § 131E-158 authorizes the Medical Care Commission to adopt rules exempting the statutes minimum staffing requirements for traditional ambulances when the Commission deems it in the public's best interest. **Rule .0220** has been created to exempt the Pediatric Ground Ambulance from the statute's minimum staffing requirement and allows the Specialty Care Transport Program Medical Director to determine the levels and number of staff appropriate for the transport of neonatal and pediatric patients. This is currently the practice used by all specialty care programs, and the ability to expand this same staffing option to the transport of non-specialty care level pediatric patients will enable the providers to use the same staff currently employed with no anticipated need for change.

The decision to allow these exemptions was made in collaboration with representatives from County Government, EMS Systems, SCTP Providers, Air Medical Association, EMS Administrators Association, Association of Rescue and EMS, and the Attorney General's Office.

*Fiscal Impact: OEMS and all affected entities*

*The Division does not anticipate any substantial fiscal impact associated with this revision to the OEMS, EMS System (County Government) or Licensed EMS Provider (Employer).*

**Fiscal Impact Summary**

These rules are used by state and local governments; hospitals; colleges and universities; paid and volunteer emergency medical service organizations; county and municipal law enforcement communications centers; small and private businesses; industrial complexes using emergency response and transport programs; and EMS and healthcare professionals to provide a structured, well managed emergency medical and trauma system to the citizens and visitors of North Carolina.

The aggregate financial impact of these proposed permanent rules changes on all entities affected by these proposed rules is an overall net positive increase in revenue that could easily exceed more than \$25,000 annually. This is realized through the SCTP providers being able to transport discharged patients currently being transported by other ground transport providers. This would result in a loss of revenues of the \$25,000 being generated by the traditional ground transport agencies. The net result is a zero financial impact on overall revenue generation. The savings for the SCTP providers is the result of the ability to exclude the purchase of the adult equipment and supplies. This creates a potential one-time combined \$3,000.00 savings for each of the six current pediatric ambulances, \$500.00 one-time savings for each additional pediatric ambulance placed in service in the future.

The increase in OEMS staff time and supplies is negligible at approximately \$2000.00 and is considered not to have a substantial economic impact on the agency.

## Appendix

10A NCAC 13P .0217 is proposed for adoption as follows:

### **10A NCAC 13P .0217    MEDICAL AMBULANCE/EVACUATION BUS: VEHICLE AND EQUIPMENT REQUIREMENTS**

(a) A Medical Ambulance/Evacuation bus is a multiple passenger vehicle configured and medically equipped for emergency and non-emergency transport of at least three stretcher bound patients with traumatic or medical conditions.

(b) To be permitted as a Medical Ambulance/Evacuation Bus, a vehicle shall have:

- (1) a non-light penetrating sliding curtain installed behind the driver from floor-to-ceiling and from side-to-side to keep all light from reaching the driver's area during vehicle operation at night;
- (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," which is incorporated by reference, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The equipment and supplies shall be clean, in working order, and secured in the vehicle;
- (3) five pound fire extinguishers mounted in a quick release bracket located inside the patient compartment at the front and rear of the vehicle that are either a dry chemical or all-purpose type and has a pressure gauge; and
- (4) monitor alarms installed inside the patient compartment at the front and rear of the vehicle to warn of unsafe buildup of carbon monoxide.
- (5) the name of the EMS Provider permanently displayed on each side of the vehicle;
- (6) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
- (7) emergency warning lights and audible warning devices mounted on the vehicle as required by G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. All warning devices shall function properly;
- (8) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;
- (9) an operational two-way radio that:
  - (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
  - (B) has sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;

- (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
  - (D) is equipped with a radio control device mounted in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
  - (E) is licensed or authorized by the FCC;
  - (10) permanently installed heating and air conditioning systems; and
  - (11) a copy of the EMS System patient care treatment protocols.
- (c) A Medical Ambulance/Evacuation Bus shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.
- (d) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.
- (e) The EMS System medical director shall designate the combination of medical equipment as required in Subparagraph (b)(2) of this Rule that is carried on a mission based on anticipated patient care needs.

*History Note: Authority G.S. 131E-157(a); 143-508(d)(8);  
Eff. April 1, 2011.*

10A NCAC 13P .0218 is proposed for adoption as follows:

**10A NCAC 13P .0218 PEDIATRIC SPECIALTY CARE GROUND AMBULANCE: VEHICLE AND EQUIPMENT REQUIREMENTS**

- (a) A Pediatric Specialty Care Ground Ambulance is an ambulance used solely to transport patients 18 years old or younger with traumatic or medical conditions or for whom the need for specialty care or emergency or non-emergency medical care is anticipated during an inter-facility or discharged patient transport.
- (b) To be permitted as a Pediatric Specialty Care Ground Ambulance, a vehicle shall have:
- (1) a patient compartment that meets the following interior dimensions:
    - (A) the length, measured on the floor from the back of the driver's compartment, driver's seat or partition to the inside edge of the rear loading doors, is at least 102 inches; and
    - (B) the height is at least 48 inches over the patient area, measured from the approximate center of the floor, exclusive of cabinets or equipment.
  - (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," which is incorporated by reference, including subsequent amendments and editions. This document is available from the



OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The equipment and supplies shall be clean, in working order, and secured in the vehicle;

- (3) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or all-purpose type and has a pressure gauge;
- (4) the name of the EMS Provider permanently displayed on each side of the vehicle;
- (5) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
- (6) emergency warning lights and audible warning devices mounted on the vehicle as required by G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. All warning devices shall function properly;
- (7) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;
- (8) an operational two-way radio that:
  - (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
  - (B) has sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
  - (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
  - (D) is equipped with a radio control device mounted in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
  - (E) is licensed or authorized by the FCC;
- (9) permanently installed heating and air conditioning systems; and
- (10) a copy of the EMS System patient care treatment protocols.

(c) Pediatric Specialty Care Ground ambulances shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.

(d) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.

(e) The Specialty Care Transport Program medical director shall designate the combination of medical equipment as required in Subparagraph (b)(2) of this Rule that is carried on a mission based on anticipated patient care needs.

*History Note: Authority G.S. 131E-157(a); 143-508(d)(8);  
Eff. April 1, 2011.*

10A NCAC 13P .0219 is proposed for adoption as follows:

**10A NCAC 13P .0219 STAFFING FOR MEDICAL AMBULANCE/EVACUATION BUS VEHICLES**

Medical Ambulance/Evacuation Bus Vehicles are exempt from the requirements of G.S. 131E-158(a). The EMS System Medical Director shall determine the combination and number of EMT, EMT-Intermediate, or EMT-Paramedic personnel that are sufficient to manage the anticipated number and severity of injury or illness of the patients transported in the Medical Ambulance/Evacuation Bus vehicle.

*History Note: Authority G.S. 131E-158(b);  
Eff. April 1, 2011.*

10A NCAC 13P .0220 is proposed for adoption as follows:

**10A NCAC 13P .0220 STAFFING FOR PEDIATRIC SPECIALTY CARE GROUND AMBULANCES**

Pediatric Specialty Care Ground Ambulances operated within the approved Specialty Care Transport Program dedicated for inter-facility transport of non-emergent, emergent, and critically ill or injured or discharged Neonatal and Pediatric patients are exempt from the requirements of G.S. 131E-158(a). The Specialty Care Program Medical Director shall determine the staffing that is sufficient to manage the severity of illness or injury of the patients transported in the Pediatric Specialty Care Ground Ambulance.

*History Note: Authority G.S. 131E-158(b);  
Eff. April 1, 2011.*